UPDATED APPLICATION DATA SHEET

Inventor Information

Citizenship Country:

Inventor One Given Name: ROBERT Family Name: RIENER Name Suffix: Mailing Address Line One: Im Blattacher 62 Mailing Address Line Two: City: 8602 Wangen State or Province: Postal or Zip Code: City of Residence: State or Prov. of Residence: Country of Residence: Switzerland Citizenship Country: Germany Inventor Two Given Name: RAINER Family Name: **BURGKART** Name Suffix: Mailing Address Line One: Pestalozzistrasse 27 Mailing Address Line Two: City: 80469 München State or Province: Postal or Zip Code: City of Residence: State or Prov. of Residence: Country of Residence: Germany

Germany

| Inventor Three Given Name: |
|---|
| Family Name: |
| Name Suffix: |
| Mailing Address Line One: |
| Mailing Address Line Two: |
| City: |
| State or Province: |
| Postal or Zip Code: |
| City of Residence: |
| State or Prov. of Residence: |
| Country of Residence: |
| Citizenship Country: |
| |
| |
| Given or Company Name of Applicant: |
| Given or Company Name of Applicant: Family Name, if any: |
| |
| Family Name, if any: |
| Family Name, if any: Name Suffix: |
| Family Name, if any: Name Suffix: Authority Code: |
| Family Name, if any: Name Suffix: Authority Code: Mailing Address Line One: |
| Family Name, if any: Name Suffix: Authority Code: Mailing Address Line One: Mailing Address Line Two: |
| Family Name, if any: Name Suffix: Authority Code: Mailing Address Line One: Mailing Address Line Two: City: |
| Family Name, if any: Name Suffix: Authority Code: Mailing Address Line One: Mailing Address Line Two: City: State or Province: |
| Family Name, if any: Name Suffix: Authority Code: Mailing Address Line One: Mailing Address Line Two: City: State or Province: Postal or Zip Code: |
| Family Name, if any: Name Suffix: Authority Code: Mailing Address Line One: Mailing Address Line Two: City: State or Province: Postal or Zip Code: City of Residence: |

Correspondence Information

Name Line One: Henry M. Feiereisen

Name Line Two: Henry M. Feiereisen, LLC

Address Line One: 350 Fifth Avenue

Address Line Two: Suite 4714

City: New York

State or Providence: NY

Country:

Postal or Zip Code: 10118

Telephone: (212)244-5500

Fax: (212)244-2233

Electronic Mail: info@feiereisenllc.com

Application Information

Title Line One: RIGID BIRTH SIMULATOR HAVING AN

Title Line Two: INTERACTIVE OPTICAL DISPLAY

[Repeat for any additional lines]

Suggested classification:

Suggested Tech. Center:

Total Drawing Sheets: 4

Suggested Dwg. Figure for Pub.:

Docket Number: RIENER-2

Application Type: [Utility] Utility

Licensed US Govt. Agency:

Contract or Grant Numbers One:

Contract or Grant Numbers Two:

Secrecy Order in Parent Appl.?

if plant patent app.,

Latin Name of genus and species of plant claimed:

Representative Information

Representative Number One:

020151

Representative Number Two:

[Repeat for extra registration numbers]

Domestic Priority Information

| This application is a: | US-National Phase of International Application |
|---------------------------------|--|
| Application One: | PCT/DE2004/001332 |
| Filing Date: | June 24, 2004 |
| | |
| which is a: | |
| Application Two: | |
| Filing Date: | |
| [repeat if neccesary] | |
| | |
| Foreign Application Information | |
| Foreign Application One: | 103 28 354.4 |
| Filing Date: | June 24, 2003 |
| Country: | Germany |
| Priority Claimed: | Yes |
| | |
| Assignee Information | |
| | |
| Assignee Name: | |
| Address Line One: | |
| Address Line Two: | |
| City: | • |
| State or Province: | |
| Country: | |
| Postal or Zip Code: | |
| | |